Questions, Answers and Amendments
FY 2007 Ryan White Title I
EMA-Wide Grant

Release Date: October 6, 2006

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It is expected that the following amounts will be available for Suburban Virginia:

Suburban Virginia	
Source of Funding	**Amount**
Ryan White Title I Regular Funding	$ 3,719,706
Ryan White Title I Rural Set-Aside	$ 181,372
Ryan White Title I Minority AIDS Initiative	$ 306,566
Suburban Virginia Total	$ 4,207,644

Multiple Submission

Applicants desiring consideration to provide services under more than one service category must submit a separate application for each service category, with only one Assurance Package per organization.

Each application must be self-contained and include all of the required information as outlined in the RFA application format (see ~~Section III~~ **Section VI**).

Example: If your organization is applying for funding in two (2) service categories, you must submit a total of ten (10) individually sealed envelopes. Five (5) envelopes for each service category, with one (1) marked "original" and four (4) marked "copy".

Contact Persons

DISTRICT OF COLUMBIA

T'Wana L. Holmes
Administration for HIV Policy and Programs
64 New York Avenue, NE
5th Floor, Suite 5001
Washington, DC 20002
Phone (202) 671-4900
Fax (202) 671-4860
E-mail: twana.holmes@dc.gov
Website: http://www.opgd.dc.gov

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SECTION III

SUBMISSION OF APPLICATIONS AND ASSURANCES

Application Submission Requirements

==A complete application includes all of the items detailed in Section VI, Application Format==. Organizations submitting applications to provide services in Suburban Maryland have the option of submitting their applications electronically, excluding the Appendices.   All Assurance packages and Appendices must be submitted in hard copy. Organizations submitting applications to provide services in the District of Columbia and Suburban Virginia must submit their applications in hard copy.

1. **Hard Copy Submission**

A total of five (5) **UNBOUND** applications are to be submitted. Each of the applications must be in an individual sealed envelopes. **Of the five (5) envelopes, one (1) must be an original and four (4) must be copies.** A completed Attachment A 1 must be affixed to the outside of each of the envelopes. Each service category requires its own application and must have one (1) original and four copies.

Example: If your organization is applying to receive funding in two (2) service categories, your organization must submit a total of ten (10) individual sealed envelopes.

Applications that do not conform to these requirements will not be reviewed. Telephonic and facsimile submissions **will not be accepted.**

2. **Electronic Submission (Suburban Maryland Only)**

The application must be in **PDF format**, saved in a folder titled, "Organization Name – Service Category." A completed Attachment A2, or all the information required by Attachment A2, must be inserted in the message section of the electronic submission. "RFA Year 17 – Organization Name" must appear on the subject line. Each service category requires its own application and must be saved and submitted in its own folder.

Example: If your organization is applying to receive funding in two (2) service categories, your organization must submit a total of two (2) individual folders, each titled with the organization name and service category.

==For applicants choosing to submit their application(s) electronically, Appendices must be submitted in hard copy. A total of two (2) unbound Appendices, each in an individual sealed envelope, are to be submitted for each Application.==

Example: If your organization is applying to receive funding in two (2) service categories, your organization must submit two different sets of appendices. One set (equal to two copies) for each service category.

Assurance Package Submission Requirements

A total of two (2) **UNBOUND** assurance packages are to be submitted. Each of the two (2) sets of assurances must be in an individual sealed envelope. **Of the two (2) envelopes, one (1) must be an original and one (1) must be a copy.** Attachment B1

SECTION VI

XPRES Data Management Plan Budget Narrative:

XPRES is the required data management system for **all** Title I providers in the Washington, DC EMA. Applicants must budget for up to 3% of their requested funds to support personnel and equipment responsible for data entry using the XPRES software, the preparation of the XPRES reports, and the preparation of the HRSA CARE Act Data Report (CADR).

Applicants shall submit a data management budget narrative describing how their XPRES funding will be used. One XPRES budget should accompany each service category application. The data management budget narrative may contain amounts needed for hardware (such as computer and/or printer), for data entry, for data reporting, and/or for management of these tasks.

Agencies are not permitted to submit manually kept records. Agencies are not permitted to substitute other electronic data reporting systems for XPRES. Agencies that are not compliant with using XPRES will not be considered for continued funding.

Certifications and Assurances (Assurance Package):

~~Applicants seeking funding shall complete and return one (1) unbound original and one (1) copy in individual sealed envelopes, of all required certifications and affidavits with the Assurance Checklist (Attachment M) included as stated in the Mandatory Application Requirements, Section I. The envelope must be sealed and the Applicant Profile (Attachment A) must be affixed to the outside of the envelope.~~

Applicants are required to submit one (1) unbound original and one (1) copy of certifications and assurances in two (2) separate, sealed envelopes. The Assurance Checklist (Attachment M) must be included as the first page in each envelope. The Applicant Profile (Attachment A-1) must be affixed to the outside of each envelope.

Assurances:

1. Attachment B1 (Lobbying, Debarment, Suspension and Drug-Free workplace certification)
2. Attachment B2 (Federal Assurance)

3. Proof of Insurance for: commercial general liability, professional liability, comprehensive automobile and worker's compensation.
4. Home Health Medical/Home Hospice license (if applicable)
5. Certificate of Occupancy
6. Medicaid Certification
7. 501 (c) 3 Certification
8. Articles of incorporation
9. Business License
10. Audits and Financial Statements
11. Certificate of Good Standing from local tax authority
12. Copy of table of contents from the agency's operating policies and procedures
13. Client eligibility criteria
14. Protocols and or policies used to protect client confidentiality
15. Evidence of organizational compliance with HIPAA regulations
16. Copy of internal client grievance procedures

ATTACHMENT M

NAME OF ORGANIZATION: _____

Applicants are required to submit **one (1)** unbound original and **one (1)** copy of certifications, ~~affidavits~~, and assurances in two (2) separate, sealed envelopes. A completed Assurance Checklist **(Attachment M)** should be placed in both envelopes. **The Applicant Profile (Attachment A-1) must be affixed to the outside of each envelope.** ~~The outside of each envelope must be conspicuously marked as follows:~~

- ~~Organization Name~~
- ~~Assurances in response to FY 2007 Ryan White Title I EMA-Wide Grant, RFA #0815-06~~
- ~~Whether content is "ORIGINAL" or "copy".~~

Table of Contents: Pages must be consecutively numbered.

Certifications to include:

___1. Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements (Attachment B1)

___2. Signed Federal Assurances (Attachment B2)

Evidence of Insurance to include:

___1. Commercial General Liability
___2. Professional Liability
___3. Comprehensive Automobile Insurance
___4. Worker's Compensation Insurance

Licenses, Certifications, and Policies to include:
___1. Certificate of Occupancy
___2. Medicaid Certification
___3. 501 (C)(3) Certification for non-profit organizations
___4. Articles of incorporation and corporate by-laws; partnership or joint venture agreement if applicable.

___5. For-profit organizations must submit a copy of any current license, registration or

certificate to transact business in the relevant jurisdiction, including a certificate

of occupancy.

___6. Audits and Financial Statements
___7. Certificate of good standing from local tax authority

_____

___8. Copy of organizational operating policies and procedures

___9. Copy of patient handbook/notices including client rights and responsibilities and internal client

grievance procedures.

___10. Client Eligibility Criteria: Protocol used to verify that clients are eligible for Ryan White CARE Act funded services, including a sliding fee scale, if applicable.

___11. Policies and/or protocols used to protect the confidentiality of clients.

___12. Evidence of organizational compliance with HIPAA regulations

Print Name of Applicant Representative: _____

Title: _____

Telephone: _____Fax: _____Date: _____

District of Columbia

Questions, Answers and

Amendments

1. Is the 3% Xpress Data System included at the end of the total budget in the new format?

Answer: No. XPRES can be budgeted either as a separate service area, or as a line item among "Other Direct Costs" in the budget workbook.

2. The budget format that its in the excel spreadsheet e-mailed is a little different than the format that is included in the Attachment "I "of the RFA, especially due to all the mathematical formulas that are not accurately transferring from one spreadsheet to another in the budget workbook. Can we use the budget format that appears in the workbook that was sent? And fill in the information without using all the methodology that its involved?

Answer: Any agency providing a proposal is entirely responsible for the accuracy of the budget. The excel workbook is one suggested tool that can be used to create the budgets, but use of it is not required. See the RFA for a list of the schedules that are required.

3. The total per service category in the budget are only shown in the budget spreadsheet of the workbook and not in the category per se, is this the way its supposed to be?

Answer: Yes.

4. For the submission of this proposal do we need to submit the entire excel workbook for the budget?

Answer: The excel workbook includes spreadsheets that are not required to be submitted. See the RFA for a listing of the schedules that are required.

5. In the Occupancy Category, we usually pay rent in each office by Sq/feet and not by FTE, plus not all FTE have the same size of Sq/Feet per office?

Answer: FTE is the usually -- but not only -- way to allocate occupancy and other general costs. The budget justification should be clear in how costs are allocated.

6. Page 83 of the RFA states that organization must include original Certificates of Insurance and that they shall set forth District of Columbia as a Certificate Holder and as Additional Insured.
   a) Insurance agency states that District of Columbia cannot be designated, but rather a department or agency within the Government of the District of Columbia. Should this state DC Department of Health or the Agency for HIV Policy and Programs?

Answer: It should state DC Department of Health

   b) Our organization's professional liability is covered under the District of Columbia Free Clinic Act. Each year we send documentation for recertification and receive a letter stating we have been recertified for another year. Original letter is kept by the medical director. We have scanned original, can we submit a color print-out of that scanned letter (.pdf of the certificate)?

Answer: Yes, a scanned copy of the original can be submitted.

7. Can we change the budget schedules to be hours/pay period instead of hours/month? (Our monthly salary costs will change each month, since we pay bi-weekly)

Answer: Yes.

8. In the unit cost calculation, can we choose to calculate some variables and not others? (i.e. bigger categories of service, such as primary medical visits, otherwise we feel we might be double or triple counting)

Answer: Yes, but be advised that we would like for organizations to articulate to the best of their ability the actual costs expended per unit of service provided.

9. Can we have Mental Health providers work under the supervision of a licensed supervisor/clinician?

Answer: Mental Health services have to be provided by certified and licensed staff and should be supervised under their licensure standards.

10. In the Personnel schedule is there a way to work in a Cost of Living Adjustment (COLA)? Can we list staff twice, once for 10 months of 2007 and then again for 2 months of 2008 with salary adjusted for COLA?

Answer: Yes.

11. Personnel schedule gives option 1 of Annual Salary and option 2 for Hourly Wage, however the formula in the Budget Amount column only works if we use Annual Salary.

Answer: The formula for column "J" of the budget model should be =IF(H4>0,IF(D4>0,H4*E4*I4,F4*G4)," ")

12. On page 139 of the FY 2007 Ryan White Title I EMA RFA is states "One XPRES budget should accompany each service category application". Does this mean that for each service category for which we apply, (ie: Rental assistance, Transportation, Food Vouchers, etc.) there should be a budgeted line item within each of those service categories called XPRES?

Answer: Yes.

For example just as there is a budgeted line item for occupancy, supplies, communications, etc within each of those service categories. We ask this question because in previous years we have combined our XPRES budgets and submitted it as its own separate service category as opposed to breaking it out under each separate rental service category, food service category, etc.

Answer: No, it should be broken out and it should be budgeted for – in each service category.

14. Page 36 of the RFA Service Category 2 Case Management

In doing the budget, should an organization assume that the $1,414,348 allocated in this funding area will be divided among the 16 applicants and therefore do the budget to reflect $88,396?

Answer: The RFA states up to 16 applicants will be awarded and the amount listed is based on funding.

15. In packaging the proposal, can dividers be used or is that discouraged?

Answer: Yes.

16. How do we do the budget for Xpress? Just add to the bottom of the service areas we're applying for, or a separate total budget, or a separate Xpress budget per service area? And it's just a flat percentage, right?

Answer: Each service category application should contain a separate budget narrative for XPRES.

17. On Attachment G, I was unsure how to fill it out. Do we just put in funding for HIV related work, or the entire health component, or the entire organization.

Answer: HIV related funding is the only information necessary for Attachment G.

18. The RFA mentions having Corporate Acknowledgements and Vendor Assurances notarized. Is that Attachment B-1 and B-2 or other forms?

Answer: Attachment B-1 and B-2 do not have to be notarized.

19. In terms of documentation of malpractice insurance, we covered under the Federal Torts Claim Act. Can I just include a copy of the deeming letter?

Answer: Yes.

20. Is the requirement to provide evidence of HIPPA Compliance if the organization is not a health care provider, a healthcare clearinghouse, or a health plan? If not, should we just indicate "N/A" on the list of certifications and assurances? If so, what would you consider evidence of HIPPA compliance for our organization, since we do not provide health care or release any medical information about participants?

Answer: Yes, evidence of HIPPA compliance is still required and can be shown with a written statement from the organizations executive director detailing how the agency will up hold HIPPA regulations.

21. Is the number of pages listed in the Application format section absolute?

Answer: The total number of pages allowable for the application packet is absolute (24 double spaced pages) but the number of pages listed for each section of the application are suggested.

22. Is the Abstract double or single spaced?

Answer: The abstract should be single spaced.

23. Can the Memoranda of Understanding (MOU) be copies or originals?

Answer: The MOU can be copies but if able originals are preferred.

24. Is the Table of Contents included in total number of pages?

Answer: Yes

25. The Abstract asks for some description of the project –is this a new addition?

Answer: No

26. This year, please do not include resumes in the application. Job descriptions should now be included.

27. MOU/MOAs need to be signed and current (within the last 6 months.)

28. If the organizational chart is supposed to include all full time personnel, it will be difficult to put it all on one page. Should this be part of the appendix?

Answer: Yes

29. Under Staff and Subcontractor Information, where 10% of the population served are minorities, does the Board of Directors composition need to be a proportional percentage?

Answer: No, the Board does not need to be a proportional percentage, but you are required to provide the composition of the Board of Directors.

30. Under the Budget section, there is sentence stating Ryan White cannot be used to fund education and training. Please clarify.

Answer: The Title I program is not authorized by the Ryan White CARE Act to fund most education and training, for either staff or for clients. The only education and training services that can be provided are to deliver prevention messages to HIV+ persons, and to provide treatment adherence instruction for noncompliant HIV+ persons.

31. Is the Client Eligibility Criteria (#13 under Assurances) a new requirement?

Answer: No

32. Appendices should be included in the application, not the assurance packet

SUBURBAN MARYLAND RFA INFORMATIONAL SESSION

QUESTIONS & ANSWERS

Friday, September 08, 2006

1. QM Plan – What is required in the Quality Management Plan? What are you looking for?

Answer: A few of the key things that should be in the Quality Management Plan are goals and measurable objectives, indicators, and a time specific work plan.

2. If an organization has more than one location but the same service area, what is required?

Answer: You need to clearly describe how all of your proposed services will operate, even if you are proposing to deliver the same service in more than one location.

3. Do you want to know about all patient deaths?

Answer: Yes. Funded organizations will be required to inform us, as part of their reporting requirements, of client deaths. Our Grantee, the Administration for HIV Policy and Programs (AHPP) is developing a form to record and track this information. The form will be given to funded organizations.

4. There is a place in XPRES where you can indicate a patient death. Do you still want it tracked there?

Answer: Yes. Continue to put the information into XPRES.

5. What is required in the Memorandum of Understanding (MOUs)?

Answer: An MOU should explain the specific services and numbers of clients that you and the organization with whom you are partnering will exchange. You should also indicate the time periods and outcomes.

6. Does this (MOU) replace a letter of collaboration?

Answer: Yes.

7. When submitting the application electronically, can all the service categories go into one folder?

Answer: No. You must submit a separate folders for each service category. You need only one A-2 for each organization's electronic submission.

8. How do organizations submitting their applications electronically submit their Appendices?

Answer: All applicants must submit their Appendices in hard copy. A total of two (2) unbound Appendices must be submitted in hard copy. A total of two (2) unbound Appendices, each in an individual sealed envelope, must be submitted for each application.

9. How do we submit Assurance Packages?

Answer: A total of two (2) unbound Assurance Packages are to be submitted per organization.
Each of the two (2) sets must be in an individual sealed envelope. Of the two (2) envelopes, one (1) must be an original and one (1) must be a copy.

10. How will we get a receipt for submission of our application if we submit them electronically?

Answer: For applications submitted electronically during business hours, you will receive an acknowledgement (via e-mail) within three hours of submission. For applications submitted electronically after business hours or on the weekends, you will receive an acknowledgement (via e-mail) by the close of business on the next business day.

11. For MAI services, how do we demonstrate staff ability and history of services?

Answer: Your proposal should describe staff's qualifications and experience relevant to addressing the specific needs of the populations you propose to serve. Please review the detailed MAI Applicant Responsibilities and of the scope of services descriptions. These will also present ideas regarding on how to respond to the MAI requirements. You do not have to be a minority organization to apply for MAI funding. You must demonstrate that you have the experience, knowledge, cultural competency, etc. to provide services to the population(s) you propose to serve.

12. Are you going to provide the average cost per client for services to address the Table A in this RFA Attachment?

Answer: No. Your application should present your proposed costs to deliver services. We recommend that you clearly justify all costs and keep in mind that unreasonably high or low costs will be questioned.

13. Which standard do we follow, the current Suburban Maryland standard or the Grantee's standard or both?

Answer: For Suburban Maryland, we currently follow the Department of Mental Health and Hygiene, AIDS Administration case management standards of care and the COMAR regulations. If we change the requirement, we will distribute the new standards.

14. Why has the denomination for Food Vouchers changed to $25.00 per voucher?

Answer: The denomination per voucher was changed from $50.00 to $25.00 because our largest provider suggested that we change that denomination based on their experience. However, if you are proposing to deliver this service, please state the denomination(s) that your program believes will work best and provide justification. Also, it is suggested that food vouchers come from more than one food store.

15. Will there be a protocol for rental assistance, or can we create our own?

Answer: Since we do not currently have one included in this RFA, please use your organizations protocol and provide a copy in the appendices.

16. Does Health Insurance Co-Pay include psychiatric care?

Answer: Yes, but it must be related to HIV.

17. Is there a separate proposal for XPRES?

Answer: Do not do a separate proposal for XPRES. An XPRES budget (which should reflect 3% of the service category budget) should accompany the service category budget.

18. Will reviewers have information on how much funding we had last year?

Answer: Yes, reviewers will have that historical information.

19. Should we list in the RFA why we are requesting more funding this year for the reviewer?

Answer: That would be good information to provide for the reviewer. You can state that information some where in your project description.

20. Where do you obtain the Certificate of Good Standing?

Answer: From the Local Tax Authority. Here is the link to the Maryland State Department of Taxation & Assessment, http://www.dat.state.md.us/sdatweb/COSinfo.html.

21. What evidence do we need for compliance with HIPAA?

Answer: We recommend including your agency's Notice of Privacy Practices, Confidentiality Policy and Release of Information.

22. Can we get the attachments on-line?

Answer: We will coordinate with the Grantee to determine if/how we can make the attachments available electronically. THE ELECTRONIC VERSION OF THE ATTACHMENTS HAS BEEN FORWARDED TO SUBURBAN MARYLAND APPLICANTS.

23. For the Attachment E Linkage Table, can we delete some of the service categories or should we keep them all?

Answer: Do not change the table. Keep all of the columns and rows.

24. On Attachment G, do we list all services we have or just Title I?

Answer: Listing all services will aid in demonstrating a continuum of care.

25. Some of the service units listed on the Table A are not in XPRES right now.

Answer: Your Table A is a projection of the services you plan to deliver. Upon award, we will clarify the exact service units that we will require to track and make sure that those service units are in XPRES.

26. Is all equipment considered capital equipment e.g. $500 for a computer?

Answer: No. A $500 computer would be considered equipment. A $5,000 item is considered capital equipment.

27. What are the allowable fringe costs?

Answer: Each organization should give justification for their fringe rate (the components that are included) in the budget narrative justification. Reasonableness is the key.

28. What is a federally approved indirect rate?

Answer: An indirect rate that granted by the federal government. You must have a notice from the government stating your organization's approved rate. At this point, if you don't already have one, it would be too late to apply for this now to be in time for the RFA deadline.

29. The Transportation Table A form does not have a category for number of "one way taxi rides" and the Substance Abuse Table A does not have a category for number of "Urine Screenings." We are currently providing those services. Are those categories permanently deleted from the Table A? Should we continue to count those services?

Answer: Transportation – <u>One-way trips</u> should be on the Attachment H – Table A. It will be added to the template "fill-in" version which will be e-mailed to all potential applicants. Substance Abuse Counseling – <u>Urine Screenings</u> should be on the Attachment H – Table A. It will be added to the template "fill-in" version which will be e-mailed to all potential applicants. As a currently funded provider, you must continue to collect the data required by your approved Table A (grant agreement document) for grant year 16.

30. (regarding page 63 Service Category 40) Is the requirement for the XPRES budget to reflect 3% of our total funds in one budget? Or, does it need to be broken down to each category? Does the cultural competency piece need to be included in those service categories not supported with personnel – i.e., food vouchers?

Answer: Each application must have a service category budget (addressing the service category for which funding is requested) and a budget for XPRES. The XPRES budget should reflect a maximum of 3% of the funds requested for the service category. Submit one XPRES budget for each service category/application. Cultural competency should be addressed in each application.

31. Do we put a Table A with each service category which we are applying for and is that Table A specific only to that service category - for example if applying for case management money then the Table A will only have service units for case management or do you want a complete Table A which has all service categories and all services units listed for all service categories we are applying for with each service category packet.

Answer: As stated in the directions for the Attachment H - Table A, "Submit a separate Table A for each service category for which you are requesting funding." Each application must address one individual service category. Each application must contain an Attachment H - Table A that addresses the specific service category for which funding is requested. For example, an application requesting Case Management funds must have an Attachment H - Table A that addresses the number of Case Management clients and service units to be provided. The final row on the Attachment H - Table a must address XPRES funds requested. As you review the Attachment H - Table A, you'll notice that each service category is represented in its own individual table.

32. Is there a specific cost to the software that is not covered by the grant other than the 3%? What are the names of the software? Do you know the overall cost associated with the software?

Answer: The XPRES software will be provided to all successful applicants (no charge). A computer with Windows 2000 (or higher) and internet capability is required. This software was developed by the District of Columbia Department of Health and consultants specifically to track Ryan White data in our Eligible Metropolitan Area. Consultants provide training to those authorized to use the software. A total of 3% of a successful applicant's grant award must be allocated to XPRES for data collection and reporting. Those funds (the 3%) may be used to cover items such as, but not limited to, the salary of an individual assigned to enter data or review the quality of the data entered in to the system; cover the cost of a new computer that will be dedicated to data collection for the grant; and/or cover the costs of toner, paper, etc. needed to fulfill the reporting requirements.

33. How many appendices (per service category) are to be sent as hard copies if the grant is sent electronically?

Answer: Please review the corrected page #27 (from Section III, Submission of Applications and Assurances) for the FY 2007 Suburban Maryland Ryan White Title I RFA (RFA #0815-06). Herein you will find information added clarifying that, for each electronically submitted application, two (2) hard copy appendices should be submitted.

Suburban Virginia

Questions, Answers and

Amendments

1) At the DC Bidders conference, it was stated that an XPRES budget is required for each service area. Is this correct?

Answer: The RFA does require an XPRES budget is required for each service area. **Suburban Virginia applicants may submit a consolidated XPRES budget covering all** service areas.

2) Do those providers who have a Medicaid Waiver need to fulfill Medicaid requirements-must they have a Medicaid number and be authorized to bill for services?

Answer: Providers who qualify as case managers under the VA Medicaid HIV waiver program already have a Medicaid number and are billing for services. Ryan White primary medical care providers must also qualify as Medicaid providers and VA Medicaid must have approved their reimbursement rates.

3) Virginia applicants may disregard (#11) Certificate of Good Standing from local tax authority from the list of Assurance requirements.

4) On page 16 of the RFA, the location of services lists Washington DC, Suburban Maryland, and Suburban Maryland. For Suburban Virginia, locations are further identified as follows: Counties: Arlington, Loudoun, Fairfax, Prince William, Clarke, Culpeper, Fauquier, King George, Spotsylvania, Stafford, Warren. Towns: Alexandria, Fairfax, Falls Church, Manassas, Manassas Park, Fredericksburg,

5) Protocols for the Mental Health and Dental service categories were not included in the original RFA released August 15[th.] These protocols are now available in the revised RFA and via e-mail.

6) What is an Indirect Cost?

Answer: Indirect costs are certain types of central shared costs incurred by an organization and not directly attributable to the costs of direct services financed by a grant or other revenues. The Ryan White CARE Act allows recovery of a portion of these indirect costs, up to a limit of 10 percent of the grant.

7)   Electronic submission of applications is not yet available in VA.

8)   Emergency Drug Assistance can be used only for three months per client within a twelve-month period, and only for medications on the state ADAP formularies. **Effective October 1, 2006, Title I emergency drug assistance funds also can be used for medications on the VA Title II so-called "Non-ADAP" formulary, without time limitation**.

9)   Do you no longer need to do a separate application for Rural Funds?

Answer: Rural applications need no longer be prepared separately. If your organization is located or will serve clients in the rural areas of the Suburban Virginia service jurisdiction, you will be assigned rural funding, supplemented by regular funding if needed.

10)   There is an error on the amount available under Substance Abuse. Currently, then amount reads $ 575,444. The correct amount is $240,455.

11)   Under Mental Health, it states services are to be provided by licensed and/or certified mental health professionals. Who falls into this category?

Answer: For purposes of the Ryan White CARE Act grant, licensed and/or certified mental health professionals are those level of education and certification is sufficient to qualify as providing reimbursable professional mental health services.

12)   There is an OTT (off-the-top) offering in the MAI Primary Medical category, for which you must be able to serve the entire EMA and submit your application to the District of Columbia. Only one provider will be chosen for this category to serve the entire EMA. Those applicants who wish to serve Virginia residents should apply under Section IV for service category 1a. MAI Outpatient Primary Medical and submit the application to Virginia.

13) For Virginia applicants, Under Section IV, which contains service category definitions, there are two major areas of change. Under the Primary Medical service, those agencies that wish to do so are encouraged to speak to how they could provide medical services within the Chronic Care Model. Those who do so adequately will be given five bonus points on the evaluation. Those Case Management providers who wish to do so are encouraged to speak to how their agency could deliver services that are consistent with the Chronic Care Model. Those who do so adequately will be given five bonus points on the evaluation. The same evaluation bonus system applies for MAI service categories in Primary Medical and Case Management as well.

14) Criterion F in the Evaluation Criteria states that applicants should propose a model of service delivery consistent with the Chronic Care Model which is different than discussing transitional steps.

Answer: In addition to describing the chronic care model the applicant is, or plans, to implement, applicants also are encouraged to identify any transition costs and steps that may be necessary to convert their current treatment system to the chronic care model.

15) Attempting to address consistency with the Chronic Care Model will be particularly difficult for Case Management providers, since no official definitions and standards have been developed as of yet. How are providers to address this?

Answer: A suggested framework is contained in the RFA for describing levels of case management services that are consistent with the concepts of Chronic Care treatment systems as described by HRSA. However, this framework is only suggested, and is not mandatory or adopted as a standard at this time. Applicants who may prefer to use a different framework in describing case management under the chronic care model are invited to do so, and will still qualify for evaluation bonus points.